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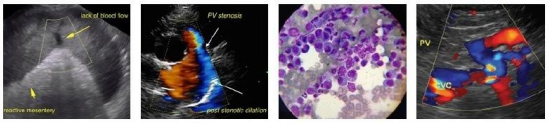

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Andi Briare

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
13.3 years

WEIGHT
17.2lbs; 7.8kgs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Loetitia St-Jacques, LVT/RVT

HOSPITAL NAME
VCA Feline Animal Hospital

REFERRING VET
Dr. Fleming

INVOICE
29591

DATE
3/14/23

PRESENTING CLINICAL SIGNS

History: Presents for increased RE appreciated at rest; CHF diagnosed. Grade 2/6 murmur.
-Current medications: Furosemide 6.25mg BID, Clopidogrel 18.75mg SID.
-Abnormal PE/Chem/CBC/UA Results: BUN 35, Creatinine 1.7 (static from prior SDMA 11.2 Phos 5.1 Ca 9.6 Na 157 K 3.4.
-Radiographs: Showed marked L cardiomegaly with PV congestion.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 200bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. Adequate systolic function. The left atrium is severely enlarged. No obvious smoke, no thrombi seen. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. There is mild mitral regurgitation present. There is no obvious tricuspid regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. Scant pericardial effusion. Pockets of pleural effusion seen. No obvious cardiac masses.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.8	NM	0.73	1.35	0.77	52	94
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**LVOT VEL** (m/s)	**RVOT VEL** (m/s)	**E max** (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.8	1.8		1.4	1.3	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

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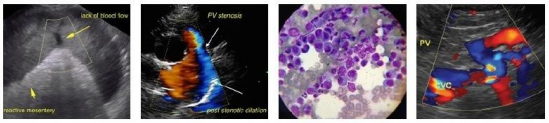

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be considered in this case as possible contributing factors. Regardless, the left atrium is severely enlarged indicating risk for spontaneous CHF and/or blood clot events going forward. Additionally, there is scant pericardial and pleural effusion noted, which suggests residual congestion. No additional structural issues are identified.

Giving these findings, continue cardiac supportive medications as below. My hope is the addition of spironolactone will resolve pericardial effusion without an increase in lasix. If the patient is or becomes unstable, readmitting for hospitalization may be warranted. The ECG is unremarkable with a normal sinus tachycardia. An arrhythmia was noted by the Sonographer; however, is not appreciated here. If this is a recurrent finding on exam a repeat ECG is recommended.

The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

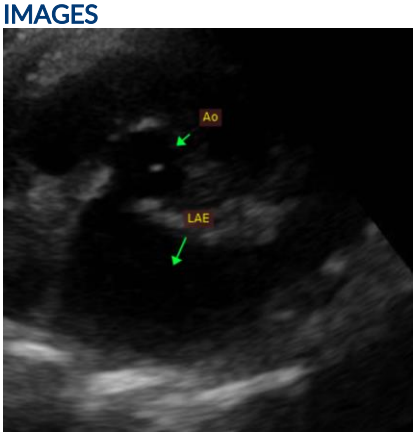
PLAN

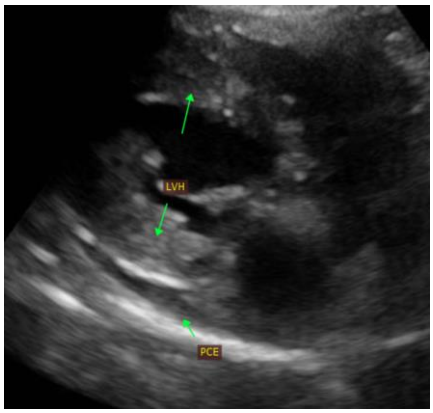
Screening BP/T4 every 6 months. Continue Lasix 6.25mg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h. Continue Plavix as prescribed. Institute Pimobendan 1.25mg PO q12h. Pending BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
*NOTE: 5 medications can be overwhelming in cats. If difficult to administer, Lasix/spiro/Plavix is most important.

Monitor renal values and BP every 3-4 months going forward.

A recheck echocardiogram is recommended in 6 months to assess progression.

IMAGES





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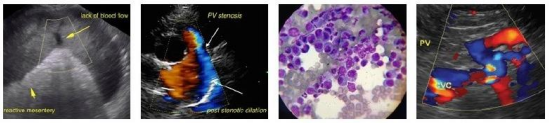

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com